

Original Article

The Influence Of Health Education On Safe Delivery On The Motivation Of Membership In The Health Facility

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ARTICLE INFO	ABSTRACT
<p>Article History:</p> <p>Submit : May 1, 2022</p> <p>Revised : May 20, 2022</p> <p>Accepted : May 24, 2022</p> <p>Online : June 30, 2022</p> <p>Keywords:</p> <p>Health Education, Safe Delivery, Motivation</p>	<p>Background: The high rate of MMR and AKN in Bangkukat District is one of the causes of deliveries not in health facilities. The low coverage of deliveries in health facilities is 64.66% of the 100% target in 2020, one of which is caused by the lack of knowledge of pregnant women about the importance of giving birth in health facilities. This study aimed to determine the effect of health education on safe delivery on motivation to give birth in health facilities in the Public Health Center working area. Bengkukat Belimbing Health Center in 2021.</p> <p>Method: The design in this study was pre-experimental (the one group pretest-posttest without control group design). The population in this study were all pregnant women in the third trimester in Pekon PENDINGAN, Pekon Jawa City, Pekon Pemerihan, Pekon Sumberejo, and Pekon Sukanegeri, totaling 31 pregnant women in the third trimester. The sample was taken from as many as 31 third-trimester pregnant women given counseling about safe delivery. Bivariate analysis in this study used a Parametric, namely the Paired Sample T-Test.</p> <p>Result: Test Parametric (Paired Sample T-Test) obtained a p-value of 0.000 (<0.01), which means that there is an effect of health education on safe delivery on motivation to give birth in health facilities in the Public Health Center work area. Bengkukat Belimbing Public Health Center in 2021.</p> <p>Conclusion: Based on the results of the study, the researchers suggest that it is necessary to strengthen the implementation of health education regarding safe delivery to pregnant women both in quantity and quality, which is carried out in Posyandu, maternal classes, or in health facilities by ensuring that all pregnant women have been given education health, monitoring the implementation of health education activities as well as the implementation of technical guidance activities on an ongoing basis.</p>
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Introduction

Health is a state of well-being of the body, soul, and society that allows everyone to live socially and economically productive. Health development aims to improve the health status of the community as high as possible, which can be seen from the increased awareness, willingness, and ability to live a healthy life for everyone. One indicator of the success of health development in a country is the decline in the Maternal Mortality Rate (MMR) and Neonate Mortality Rate (AKN) (Kemenkes, 2014b; Puspitaningrum, 2018)

According to the *World Health Organization* (2017), in 2017, the Maternal Mortality Rate (MMR) reached 296,460 cases, meaning that around 810 mothers die due to childbirth every day. Of all maternal deaths, 94 percent occur in lower-middle-income countries. *Sustainable Development Goals* (SDGs) have targets, namely the Maternal Mortality Rate (MMR) is targeted to be lower than 70/100,000 KH, and the Infant Mortality Rate (IMR) is lower than 12/1000 KH (Ashari, 2021; WHO, 2010). The maternal mortality rate in Indonesia is still high but continues to decline during the 2012-2017 period. In 2012, the MMR in Indonesia was 359/100,000 KH. This figure decreased to 305/100,000 KH in 2015, and in 2017, MMR experienced another decline to 177/100,000 KH. Although it continues to decline, this figure is still very far from the SDG's target of 70/100,000 KH. Meanwhile, the Indonesian AKN is 15/1000 KH

according to the 2017 IDHS (Kemenkes, 2014a; Riskesdas, 2018)

Based on the 2018 Basic Health Research results, it was found that the national achievement for the Linakes indicator in 2018 was only 82.5% of the MDG's target of 90%. The proportion of deliveries at the Health Facilities was 79.3%. This shows that deliveries carried out in Non-Health Facilities are still relatively high, at 20.7% (Kemenkes, 2014a; Simanjuntak, 2019). The low national achievement is in line with the achievement for Lampung Province, where the coverage of the Lampung Province Linakes indicator in 2018 was only 80.5%, the Linfaskes coverage was 80.5%, and in non-Fasyankes was 19.5% (Lampung Provincial Health Office, 2018). For Pesisir Barat Regency, in 2019, there were 4 cases of maternal death, which increased to 7 cases in 2020. For cases of neonatal death, there were 9 cases in 2019, and in 2020 it increased to 18 cases. The achievement of Linakes is 85.09%, and Linfaskes is 80.85% of the target of 100% in 2020

In 2020, for Bangkunt Subdistrict, there were 1 case of maternal death (202/100,000 KH), 9 cases of infant mortality (12/1000 KH), and 9 cases of neonatal death (12/1000 KH). Meanwhile, the new Linakes coverage was 82.2% (target 90%), meaning that 17.8% of mothers gave birth with a traditional birth attendant. While the new Linfaskes coverage is 64.66% of the 100% target, The high AKI and AKN is a challenge for the government that must be reduced immediately. One way to reduce MMR and AKN in Indonesia is to optimize deliveries

assisted by trained health workers and deliver in health care facilities, such as Public Health Centers, hospitals, or others. This is a mandate from the Minister of Health Regulation Number 97 of 2014, Article 14 Paragraph 1, which reads, "Delivery Must Be Done in Health Facilities" (Kemenkes, 2012)

To carry out the mandate of these regulations, improvements are needed in all respects, one of which is the level of knowledge of mothers and families about the dangers of pregnancy and safe delivery. Good knowledge of mothers and families about the dangers of pregnancy and safe delivery is essential so that if an emergency condition occurs in pregnancy, the mother and family can immediately decide to visit the nearest health facility in order to get optimal treatment (Ambarwati et al., 2014; Ananth et al., 2021; Bunga et al., 2021) To increase knowledge of mothers and families about the period from pregnancy to delivery, infant health and myths, and sexually transmitted diseases, health workers can take advantage of and optimize the Mother Class Program launched by the Indonesian Ministry of Health in 2009. Mother's class is a form of program that creates face-to-face meetings regularly. directly between health workers and mothers and their families (Ananth et al., 2021)

Through mother classes, health workers can provide health education, one of which is about safe delivery. Health education regarding safe delivery will increase the motivation of mothers to give birth in health facilities (Kemenkes, 2014). This is in line with the results of a study by Aprelia (2021), which

showed the effect of health education on the importance of giving birth in health facilities by increasing motivation to choose to give birth in health facilities in the Public Health Center work area. Bengkunt Belimbing Health Center in 2021 with p-value = 0.000 ($p < 0.01$). Based on an initial survey conducted by researchers in Pekon Pemerihan, Pekon Jawa City, Pekon Pemerihan, Pekon Sumberejo, and Pekon Sukanegeri regarding the motivation of pregnant women to give birth at health facilities, the ten respondents surveyed, five pregnant women wanted delivery at home and the mother five pregnant women who plan to give birth at a health facility (Fatimah, 2019; Muflihah et al., 2018; Rosdiana, 2019).

The survey results above can illustrate that the motivation of pregnant women in these five villages is low. This is reinforced by data on the coverage of traditional birth attendants in these five villages, where out of 193 mothers who gave birth in 2019, 5 mothers (2.59%) gave birth to traditional birth attendants. This figure has increased in 2020, where out of 189 mothers who gave birth in 2020, as many as 22 mothers (11.64%) gave birth to traditional birth attendants. The number of mothers who want to give birth at home because mothers feel it is difficult if they have to give birth in health facilities, the distance and access from the mother's house to distant health facilities, and economic conditions make mothers feel that the cost of giving birth in health facilities is expensive. Based on the above background, it is necessary to optimize health education activities

about safe delivery for pregnant women in the maternal class to increase the coverage of health care services. Therefore, researchers are interested in researching "The Effect of Health Education About Safe Delivery on Maternity Motivation in Health Facilities in the Public Health Center Work Area. Bengkunt Belimbing Health Center in 2021".

Method

This type of research uses quantitative methods with a pre-experimental research design (*the one-group pretest and posttest without control group design*). The population in this study were all third-trimester pregnant women in Sumberejo Village, Pemerihan Village, Java City Village, and Sukanegi Village located in December 2021, totaling 31 pregnant women. The sampling technique used in this study is the total population so that the number of samples in this study can be determined as many as 31 pregnant women—bivariate analysis using *parametric (paired sample t-test)*.

Results

Table 1 Characteristics of Respondents

Characteristics of Respondents	Frequency (N)	Percentage (%)
Age :		
a. 20-30 years	21	67.74%
b. 31-40 years	10	32.25%

Last Education :

Primary school	5	16.12%
Junior High School	9	29.03%
Senior High School	15	48.38%
College	2	6.45%

Occupation :

a. Civil Servant / Honorary	2	6.45%
b. Farmer	3	9.67%
c. housewife	26	83.87%

Based on the table above, from 31 the respondents studied, the data obtained that most of the respondents were 20-30 years old with a percentage of 67.74%. Judging from the respondents' education, it was found that most of the respondents had a high school education with a percentage of 48.38%. Meanwhile, if viewed from the respondent's occupation, the data obtained that most respondents work as housewives with a percentage of 83.87%.

Table 2 Average Value of Motivation for Maternity Selection in Health Facilities Prior to Health Education About Safe Delivery

Data	N	Mean	Standard Deviation	Min	Max
Pre-	31	76,698	8,0552	59,21	90,79

Test motivation for choosing to give birth at a health facility prior to health education regarding safe delivery is 76,698 with a standard deviation of 8.05518, a minimum value of 59.21, and a maximum of 90.79.

Table 3 Average Value of Maternity Motivation in Health Facilities After Health Education About Safe Delivery is Done

Data	N	Mean	Standard Deviation	Min	Max
Post-	31	92.6148	3.18146	86.84	7.37

Test the average motivation for choosing to give birth at a health facility after health education was conducted on safe delivery in the Public Health Center work area. Bengkunt Belimbing Health Center in 2021 is 92.6148 with a standard deviation of 3.18146, a minimum value of 86.84, and a maximum value of 97.37.

Tabel 4. Normality Test Results

	Shapiro-Wilk		
	Statistic	Df	p-value
Pretest	0.969	31	0.497
Posttest	0.941	31	0.089

The table above shows that normality obtained a probability value of 0.497 for pretest data and 0.089 for posttest data after the test. That is, the two data have a p value > 0.05 so that it can be determined that the two data are normally distributed. The test used was *parametric (paired sample t-test)* to analyze bivariate test *parametric (paired sample t-test)*:

Table 5. *Parametric (Paired Sample T-Test)*

Paired Differences	p-
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	Mean	Std. Deviation	Std. Error Mean	value
Pretest				
-	-1.591E1	7.24178	1.30066	000
Posttest				

The table above shows that test *parametric (paired sample t-test)* was performed, and the *p-value* was 0.000. That means that the *p-value* is smaller than the *alpha* ($p < 0.01$), so it can be concluded that H_a is accepted so that the results of the study state that there is an effect of health education on safe delivery on motivation to give birth in health facilities in the Public Health Center work area Bengkunt Belimbing Health Center in 2021.

Discussion

The pretest results before health education were carried out, the average value of motivation for pregnant women to give birth in health facilities was 76.6981 with a standard deviation of 8.05518, a minimum score of 59.21, and a maximum score of 90.79. The question items that get the highest average value question item number 7 (I will immediately go to a health facility if there are signs and symptoms of going into labor) with an average value of 3.29, and the question items that get an average score of the lowest is question item number 18 (distance of health facilities is far from home) with an average value of 2.74. From the study results, it can be seen that the average value of motivation to give birth in health facilities in the working area of Public Health Center. Bengkunt Belimbing Health Center in 2021,

before health education, was still low. These results align with data on coverage of deliveries in Public Health Center health facilities. Bengkunt Belimbing Health Center was only 59.08% of the 100% target in 2020. The factors that influence a person to take advantage of health services are: first, predisposing factors (knowledge, attitudes, beliefs, beliefs)), second, supporting factors (physical environment, namely the availability or unavailability of health facilities and facilities), and third, driving factors, namely family, the behavior of health workers, the behavior of surrounding communities. (Jerinikolin & Aisa, 2017) his research entitled "The Relationship of Maternal Knowledge and Attitudes About Delivery Facilities with the Utilization of Delivery Facilities at the Maligano Health Center, Muna Regency in 2017" showed that out of 45 samples, 24.4% of mothers used health facilities to deliver and 75,6% of mothers does not use health facilities to give birth. Looking at the theory and research results above, the researcher assumes that the low average value of motivation to give birth in health facilities before health education is carried out is due to a lack of knowledge of respondents and families about the dangers of giving birth, not in health facilities, negative attitudes and trust in traditional birth attendants cause high birth rates not in health facilities by 40.92% in 2020.

Results. *Posttest* after health education obtained data on the average value of motivation for pregnant women to give birth in health facilities of 92.6148 with a standard deviation of 3.18146, a

minimum value of 86.94, and a maximum value of 97.37. From these data, it can be seen that there was an increase in the average value of motivation for pregnant women to give birth in health facilities by 15.9167 after health education was carried out from before, which was only 76.6981 (*pretest*). All respondents studied experienced an increase in motivation scores, including respondents who got the lowest score during the *pretest* also experienced a significant increase to 93.42 from the previous one, which only got a score of 59.21. Of the 19 questions asked, the question item that experienced the highest increase in the average score after being given health education was questioned item number 18 (distance to health facilities was far from home) with an increase of 0.9355 to 3.68 (*posttest*). From the previous only 2.74 (*pretest*). At the same time, the question item that experienced the lowest increase in average value after being given health education was questioned item number 7 (I will immediately go to the health facility if there are signs and symptoms of going into labor) with an increase of only 0.3871 to 3.68 (*posttest*) from the previous 3.29 (*pretest*). If you look at the research data above, there is an increase in the average value of pregnant women's motivation to choose to give birth in health facilities after being given health education. This is in line with the theory, which says that one factor affecting a person's motivation is the media (Habari, 2020; Nurhayati & Sugiharto, 2019; Wahmad, 2017; Wardani, 2020). The motivation that is influenced by the media means that the motivation that arises with the

information obtained from intermediaries encourages/excites someone's heart to do something, and the media is a means to convey messages or information. The results of this study are in line with (Yusenta et al., 2020) show that before being given counseling (pretest), the average value of motivation to give birth in health facilities was 2.78. After being given counseling (posttest), there was an increase in the average value of motivation to give birth in health facilities by 0.78 to 3.56. Looking at the theory and research results above, the researcher assumes that strengthening health education activities about safe delivery for pregnant women, both in quantity and quality, can increase the knowledge of pregnant women and motivate pregnant women to give birth in health facilities so that the output is a decrease in MMR/AKN in the work area. Public Health Center Bengkumat Belimbing Health Center.

Test *parametric (paired sample t-test)* to determine the effect of health education on safe delivery on motivation to give birth in health facilities in the working area of Public Health Center Bengkumat Belimbing Health Center in 2021 obtained a *p-value* of 0.000. That means that the *p-value* is smaller than the *alpha* ($p < 0.01$), so it can be concluded that H_0 is accepted so that the results of the study state that there is an effect of health education on safe delivery on motivation to give birth in health facilities in the Public Health Center work area. Bengkumat Belimbing Health Center in 2021. The results of this study are in line with the theory developed by Siswoto (2012) in

Dwijayanti (2013), which says that one of the factors that influence a person's motivation is the media. The motivation that is influenced by the media means that the motivation that arises with the information obtained from intermediaries encourages/excites someone's heart to do something, and the media is a means to convey messages or information.

The results of this study are also in line with research from Aprelia (2021), which shows the effect of health education on the importance of giving birth in health facilities by increasing motivation to choose to give birth in health facilities in the Public Health Center work area. Bengkumat Belimbing Health Center in 2021 with $p\text{-value} = 0.000$ ($p < 0.01$). (Arwin et al., 2019), in their research entitled "Efforts to Increase the Utilization of Public Health Centers for Delivery Services at the Solok City Health Service in 2018," concluded that one of the priority intervention programs for efforts to increase the utilization of Public Health Center in delivery services is to promote delivery services carried out. Health centers and expanding the authority of the responsible midwife to promote delivery services through PWS. Looking at the theory and research results above, the researcher assumes that the educational approach is the most suitable approach to solving the problem of childbirth, not in health facilities. This is because education changes or health care actions are based on knowledge and awareness through the learning process, so motivation is expected to be *long-lasting* and permanent because it is based on awareness.

Conclusion

The average value of motivation to give birth in a health facility before health education on safe delivery in the Public Health Center work area Bengkumat Belimbing Health Center in 2021. After health education about safe delivery in the Public Health Center work area, the average value of motivation to give birth in a health facility. Bengkumat Belimbing Health Center in 2021. Health education affects safe delivery on motivation to give birth in health facilities in the Public Health Center working area. Bengkumat Belimbing Health Center in 2021. Researchers who will take the same theme as this research, it is suggested that they consider using the static group comparison pre-experimental design method (*the static group comparison*) wherein this design a control group that is not given treatment is added so that it can compare the knowledge the treatment group with the control group. In addition, the designs that are even more recommended are *true-experimental designs* where in addition to adding a control group, this design also requires the researcher to control for other variables that might influence so that the research results can be ascertained that the treatment causes the change. Researchers suggest to mothers that the information obtained related to safe delivery can be applied by choosing a health service facility as a place of assistance in giving birth. It strengthens the implementation of health education about safe delivery for pregnant

women in quantity and quality, which is carried out at Posyandu, maternal classes, or health facilities. Quantitative strengthening ensures that all pregnant women have been given health education about safe delivery. Meanwhile, quality strengthening is carried out by monitoring the implementation of health education activities regarding safe delivery and implementing technical guidance activities on an ongoing basis. In addition, it is necessary to improve delivery services to increase patient comfort when giving birth in health facilities in the Public Health Center working area. Bengkumat Belimbing Health Center. Researchers suggest to further researchers that scientific studies regarding the effect of health education on safe delivery on motivation to give birth in health facilities can be carried out more intensely by increasing the number of references and samples. In addition, the researchers also suggested adding a control group as a comparison of research results.

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